



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTHWEST GENERAL HOSPITAL
7400 BARLITE BLVD
SAN ANTONIO TX 78224-1399

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-12-3011-01

MFDR Date Received

May 29, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The bill was filed with Tri-Star Risk Management 08/31/11 and received by them 09/02/11. Tri-Star Risk Management was the insurance carrier provided to us when services were rendered; indicated on DWC73."

Amount in Dispute: \$6,409.42

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the Office did receive a bill from this provider on 1/30/2012 in the amount of \$4,807.07 for date of service 8/25/2011 which is 158 days from the date of service, minus 5 days for mailing as indicated by the provider this would make the bill being sent 153 days from date of service. . . . the bill was returned to the provider as the health care provider submitted the bill to the carrier on the wrong form. A second bill was received by the carrier on 2/6/2011 and after review, the bill was sent back to the provider as the bill was again filed on the wrong form. . . . The Office did however receive a complete medical bill on 2/13/12, an audit was completed and a denial issued for 29-Time limit for filing has expired."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
August 25, 2011	Outpatient Hospital Services	\$6,409.42	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers'

compensation medical bills for reimbursement.

3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. THIS CLAIM WAS PROCESSED PROPERLY THE FIRST TIME.

Issues

1. Did the requestor submit the medical bill later than the 95th day after the date the services were provided?
2. Did the provider, within the prescribed period, erroneously file for reimbursement with a workers' compensation insurance carrier other than the insurance carrier liable for the payment?
3. Did the provider submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider was notified of the erroneous submission of the claim?
4. Is the requestor entitled to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that the requestor submitted the medical bill to the correct provider within 95 days from the date of service. The Division concludes that the requestor has not met the requirements of §133.20.
2. Texas Labor Code §408.0272(b) states, in pertinent part, that "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: . . . (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title." Review of the submitted information finds documentation to support that the requestor erroneously filed for reimbursement with Tri-Star Risk Management, a workers' compensation insurance carrier other than the insurance carrier liable for the payment. Further review finds that the claim was received by the incorrect carrier within 95 days from the disputed date of service. The Division therefore concludes that the requestor has met one of the exceptions provided in Labor Code §408.0272(b) to the timely filing requirements of 28 Texas Administrative Code §133.20, and thus has not forfeited the right to reimbursement for that claim solely for failure to submit the medical bill within 95 days from the date of service.
3. Texas Labor Code §408.0272(c) states that "Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." Review of the submitted information finds that, at some date after the provider learned that Tri-Star Risk Management (Tri-Star) was not the correct insurance carrier, the provider began to bill the injured worker directly. Documentation was found to support that the provider mailed, at least, two patient billing statements to the injured worker, dated December 14, 2011 and January 11, 2012. The documentation supports that these patient billing statements were faxed by the injured worker's employer to the correct workers' compensation insurance carrier, the State Office of Risk Management (SORM), on January 30 and February 6, 2012. SORM promptly returned both patient billing statements to the health care provider as incomplete medical bills, with cover letters indicating that the bills had been submitted on the wrong form and advising how to submit a complete bill. The documentation supports that SORM received the first complete medical bill from the health care provider on February 13, 2012. However, no documentation was submitted to establish on what date the health care provider was notified of the erroneous submission of the original bill to Tri-Star. The requestor did not provide a copy of an explanation of benefits from Tri-Star, a notification letter, returned claim, records of phone conversations, or any other documentation to indicate what date the provider learned that Tri-Star was the incorrect carrier. Without this information, the Division cannot determine whether the provider met the timely filing requirements of Labor Code §408.0272(c). The Division therefore concludes that the requestor has presented insufficient evidence to support that the health care provider submitted the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider was notified of the provider's erroneous submission of the claim.

4. The insurance carrier's denial of reimbursement based on untimely filing is supported. Although the requestor has met one of the exceptions for untimely filing provided by Texas Labor Code §408.0272(b), the requestor failed to support that they met the additional timely filing requirement of §408.0272(c). Consequently, the requestor has forfeited the right to reimbursement for the services in dispute.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	Grayson Richardson	October 9, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.